

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-088014

FILING DATE

APPLICANT(S)

	CLAIMS																	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.		* DEP.		* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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2		/						52										
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49								99										
50								100										
TOTAL IND.	3							TOTAL IND.										
TOTAL DEP.	8							TOTAL DEP.										
TOTAL CLAIMS	11							TOTAL CLAIMS										